

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7	/						57							
8		/					58							
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39	/						89							
40	/						90							
41		/					91							
42	/						92							
43	/						93							
44		/					94							
45		/					95							
46		/					96							
47		/					97							
48		/					98							
49		/					99							
50		/					100							
TOTAL IND.	11						TOTAL IND.							
TOTAL DEP.	35						TOTAL DEP.							
TOTAL CLAIMS	44						TOTAL CLAIMS							